Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Long-Term Care Homes Division
Long-Term Care Inspections Branch

Division des foyers de soins de longue durée
Inspection de soins de longue durée

Hamilton Service Area Office
119 King Street West 11th Floor
HAMILTON ON L8P 4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119 rue King Ouest 11iém étage
HAMILTON ON L8P 4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / No de registre	Type of Inspection / Genre d'inspection
Sep 18, 2017	2017_577611_0018	015263-17	Resident Quality Inspection

Licensee/Titulaire de permis

PARKVIEW HEALTH CARE PARTNERSHIP (THE)
284 SUNSET DRIVE OAKVILLE ON L6L 3M4

Long-Term Care Home/Foyer de soins de longue durée

PARKVIEW NURSING CENTRE
545 KING STREET WEST HAMILTON ON L8P 1C1

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

KELLY CHUCKRY (611), YULIYA FEDOTOVA (632)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection.

This inspection was conducted on the following date(s): July 24, 25, 26, 27, 28, 31 and August 1, 2017.

During the course of this inspection inspector(s) conducted a tour of the home, observed the provision of resident care, reviewed applicable clinical health records, policies, procedures, practices, and investigation notes. Two Critical Incident inspections, one complaint inspection, two complaint inquiries, and two inquiries were conducted concurrently with this Resident Quality Inspection. The two Critical Incident inspections included Log #029734-16, pertaining to transfer and repositioning, and Log #014804-17, pertaining to the prevention of abuse and neglect. The complaint inspection, was Log #015311-17, pertaining to plan of care, and the complaint process. The two complaint inquiries included Log #005545-17, pertaining to the misuse of residents trust accounts, and Log #010976, pertaining to the prevention of abuse and neglect. The two inquiries included Log #000752-17, pertaining to the prevention of abuse and neglect, and Log #033320-16, pertaining to responsive behaviours.

During the course of the inspection, the inspector(s) spoke with residents, family members, Director of Nursing Services, Food Service Manager, Registered Dietitian (RD), registered nurses (RNs), registered practical nurses (RPNs), personal support workers (PSWs), dietary aids, and housekeeping aides.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Falls Prevention
Infection Prevention and Control
Medication
Minimizing of Restraining
Nutrition and Hydration
Prevention of Abuse, Neglect and Retaliation
Reporting and Complaints
Residents' Council
Responsive Behaviours
Skin and Wound Care
Trust Accounts

During the course of this inspection, Non-Compliances were issued.

5 WN(s)
4 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l’article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

s. 6. (7) The licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan. 2007, c. 8, s. 6 (7).

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met; 2007, c. 8, s. 6 (10).
(b) the resident’s care needs change or care set out in the plan is no longer necessary; or 2007, c. 8, s. 6 (10).
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits saillants :

1. The licensee failed to ensure that the care set out in the plan of care was provided to the resident as specified in the plan.

A review of a CIS submitted by the home and progress notes indicated that on an identified date, an incident occurred with resident #025. A review of the resident's plan of care for an identified date, indicated that the resident required assistance for safety, and a specific intervention be in place for this resident. On an identified date, the intervention as identified in the plan of care was not provided to the resident.

On August 1, 2017, the Director of Nursing Services acknowledged that the care set out in the plan of care for resident #025 was not provided by staff #191, when the staff member provided care to another resident. [s. 6. (7)]

2. The licensee failed to ensure that the resident was reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident`s care needs changed or care set out in the plan was no longer necessary.

A. On an identified date, a review of the plan of care for resident #013 indicated a specific dietary intervention be provided daily at the afternoon snack. A review of the Diet/Nourishment List for the resident’s nourishments did not contain information about the snack to be provided to the resident. An interview with staff #143 indicated that staff

used the Diet/Nourishment List as a reference for nourishments that were to be provided for the residents.

On July 27, 2017, Food Service Manager indicated in an interview that the Diet/Nourishment List was not revised and updated at the time when the nourishment was added as part of the afternoon snack and labels for the snack for resident #013 were not printed out.

B. On an identified date, a review of the plan of care for resident #001 indicated that a specific dietary intervention be provided at the afternoon snack and another dietary intervention be provided at the bedtime snack.

A review of the Diet/Nourishment List for the resident's nourishments did not contain information about snacks to be provided to the resident. An interview with staff #128 and #130 indicated that they used the Diet/Nourishment List as a reference for nourishments that were to be provided for the residents.

In an interview with the Food Service Manager, it was acknowledged that the Diet/Nourishment List was not revised and updated at the time when nourishment was added for this resident. [s. 6. (10) (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the care set out in the plan of care is provided to the resident as specified in the plan, and to ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when, the resident`s care needs changed or care set out in the plan is no longer necessary, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 69. Weight changes
Every licensee of a long-term care home shall ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight change that compromises the resident's health status. O. Reg. 79/10, s. 69.

Findings/Faits saillants :

1. The licensee failed to ensure that residents with the following weight changes were assessed using an interdisciplinary approach, and that actions were taken and outcomes were evaluated:

1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight changes that compromises the resident's health status.

A review of the resident's plan of care for an identified date for resident #013 contained no nutrition assessment related to a significant weight gain greater than five per cent (5%) over one (1) month.

On an identified date, staff #121 indicated that registered staff addressed weight variances by requesting a re-weigh of residents and the registered staff on the night shift were to complete a referral for the RD for a significant weight change.

An interview with the RD indicated that no referral was submitted for nutritional assessment for the resident #013. The home's Resident Assessment and Vital Signs Policy number 4.4 contained information about the weight and height of residents, and that a resident would be immediately re-weighed if there was a difference of two kilograms from the last weight and RN or RPN on nights would complete a referral to the RD by using dietary referral progress note in Point Click Care.

On July 31, 2017, the Director of Nursing Services, acknowledged that staff did not follow the Resident Assessment and Vital Signs Policy for addressing weight changes for resident #013.

The resident with significant weight changes was not assessed using an interdisciplinary approach, and that actions were not taken and outcomes were not evaluated. [s. 69. 1.,s. 69. 2.,s. 69. 3.,s. 69. 4.]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that residents with the following weight changes are assessed using an interdisciplinary approach, and that actions are taken and outcomes are evaluated:
1. A change of 5 per cent of body weight, or more, over one month.
2. A change of 7.5 per cent of body weight, or more, over three months.
3. A change of 10 per cent of body weight, or more, over 6 months.
4. Any other weight changes that compromises the resident's health status, to be implemented voluntarily.

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 99. Evaluation
Every licensee of a long-term care home shall ensure,
(a) that an analysis of every incident of abuse or neglect of a resident at the home is undertaken promptly after the licensee becomes aware of it;
(b) that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy under section 20 of the Act to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences;
(c) that the results of the analysis undertaken under clause (a) are considered in the evaluation;
(d) that the changes and improvements under clause (b) are promptly implemented; and
(e) that a written record of everything provided for in clauses (b) and (d) and the date of the evaluation, the names of the persons who participated in the evaluation and the date that the changes and improvements were implemented is promptly prepared. O. Reg. 79/10, s. 99.

Findings/Faits saillants :

1. The licensee has failed to ensure that at least once in every calendar year, an evaluation was made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements were required to prevent further occurrences.

In an interview conducted with the Director of Nursing Services, it was acknowledged that the home did not complete, at least once every calendar year, an evaluation to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements were required to prevent further occurrences.

Please note: this non compliance was issued as a result of CI Log #014804-17, and complaint Log #010976-17, which was conducted concurrently with the RQI. [s. 99. (b)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that at least once in every calendar year, an evaluation is made to determine the effectiveness of the licensee's policy to promote zero tolerance of abuse and neglect of residents, and what changes and improvements are required to prevent further occurrences, to be implemented voluntarily.

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following:

s. 229. (4) The licensee shall ensure that all staff participate in the implementation of the program. O. Reg. 79/10, s. 229 (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff participated in the implementation of the infection prevention and control program.

A medication administration observation took place on July 31, 2017, for resident #018. Staff #105 was observed to have several interactions with this resident during a 45 minute period of time. Each of these interactions took place at different times, and the identified staff member returned to the medication cart after each interaction to complete other tasks at the cart.

Staff #105 did not wash their hands, or use hand sanitizer before or after any of these resident interactions.

In an interview conducted with the Director of Nursing Services, it was acknowledged that staff #105 did not participate in the implementation of the infection prevention and control program, specifically as it related to hand hygiene practices. [s. 229. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff participated in the implementation of the infection prevention and control program, to be implemented voluntarily.

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following:

s. 20. (1) Without in any way restricting the generality of the duty provided for in section 19, every licensee shall ensure that there is in place a written policy to promote zero tolerance of abuse and neglect of residents, and shall ensure that the policy is complied with. 2007, c. 8, s. 20 (1).

Findings/Faits saillants :

1. The licensee has failed to ensure that there was a written policy that promoted zero tolerance of abuse and neglect of residents and that it was complied with.

The home submitted a Critical Incident Report, 2700-000009-17 on an identified date, for an incident of alleged neglect. This alleged incident occurred on an identified date, and was immediately communicated to the Director of Nursing Services.

The home had a policy titled Resident Rights and Safety-Resident Abuse by Formal Caregiver or Volunteer (4.1). The policy indicated actions to be taken in instances where alleged/actual abuse had occurred. The procedure section of this policy, indicated that the Administrator or designate shall ensure that the incident was reported to the Ministry of Health and Long Term Care within 24 hours.

In an interview conducted with the Director of Resident Services, it was acknowledged that the Ministry of Health and Long Term Care was not notified until ten days after the alleged incident.

Please note: this non compliance was issued as a result of CI Log #014804-17, and complaint Log #010976-17, which was conducted concurrently with the RQI. [s. 20. (1)]

Issued on this 22nd day of September, 2017

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.